7583 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07577

170

Reg. Dist. No. [redacted]

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 7220 Highland Ave, Elkridge — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Howard Co Gen Hosp Ellicott City Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (Howard)
STREET ADDRESS (If rural, give location) 7220 Highland Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Baer

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 29 1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Mt Airy Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Peter Baer

14. MOTHER'S MAIDEN NAME: Margaret Buettner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Elizabeth Baer 7220 Highland Ave Elkridge 27 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary occlusion — ½ hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Myocarditis & Decompensation — 2 Mo

(c) Hypertension — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis — 2 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1954, to Aug 22 1954, that I last saw the deceased alive on Aug 22 1954, and that death occurred at 5:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr R A Brumbaugh — ADDRESS 3429 Main St Elkridge 27 Md — DATE SIGNED 8/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 25 1954 — NAME OF CEMETERY OR CREMATORY: St. Lawrence Cem. — LOCATION (City, town, or county) (State): Jessup Md

DATE REC'D BY LOCAL REG.: Aug 24-54 — REGISTRAR'S SIGNATURE: E. Burt Williams — 24. FUNERAL DIRECTOR: Mc Mitt Donaldson — ADDRESS: Laurel Md

mnb.

RECEIVED
AUG 27 1954
BUREAU V. S.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07576

CERTIFICATE OF DEATH

Reg. Dist. No. 195

Item 9, FilmG170A 7584 et

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. Wash. Blvd., Box 101

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
STREET ADDRESS (If rural, give location) Box 101

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
John		Barnes	Aug. 14, 1954

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Widower	Sept. 1, 1888	66 65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Contractor		Ancilla, Alabama	America

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Alberta Barnes 420 N. Beaver St. Jacksonville, Fla.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 331X Cerebral Haemmhage & Hemiplegia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	2 yrs.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1954, to Aug. 14, 1954, that I last saw the deceased alive on Aug. 14, 1954, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE Frank Shipley (DEGREE OR TITLE) M.D. ADDRESS Savage, Md. DATE SIGNED 8/16/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/19/54	Arbutus Mem.	Arbutus,	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16/54	Frank Shipley	Hattie Williams	Mulberry & Schroeder Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7585 CERTIFICATE OF DEATH

07578
Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup + LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Blvd +

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup +
STREET ADDRESS (If rural give location) Washington Blvd

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Walker (Last) Beall
4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	Aug 7, 1872	81 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) restaurant owner
10B. KIND OF BUSINESS OR INDUSTRY: restaurant
11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Francis Beall
14. MOTHER'S MAIDEN NAME: Madeline Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-34-6225
17. INFORMANT & ADDRESS: Mrs Ernest W. Beall, Jessup, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Coronary Thrombosis	8 hrs
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)	Endocarditis Hypertension	3
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

4-21-4

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 19 54, to 8/6, 19 54, that I last saw the deceased alive on 8/6 19 54, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 314 Main St Laurel DATE SIGNED 8/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 9 1954
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REGISTRAR Aug 9-54
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR ADDRESS DeWitt Davidson, Laurel, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07579

7586 CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) 15 Merriman St

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) R (Last) BROWN

4. DATE OF DEATH: (Month) 8-11-54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 1-30-1866

9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edmund Biggs

14. MOTHER'S MAIDEN NAME: Mariah Mc Allister

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ida Brown, Ellicott City, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222

Immediate cause (a) Myocardial Insuffacy, Chronic. — Interval Between Onset And Death: 4 mon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Aug 11, 1954, that I last saw the deceased alive on Aug 6, 1954 and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE Robert B. Taylor (Degree or title) MD | ADDRESS Ellicott City Md | DATE SIGNED Aug 13 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-14-54 | NAME OF CEMETERY OR CREMATORY Mt. View | LOCATION (City, town, or county) (State) Alpha, Md

DATE REC'D BY LOCAL REGISTRAR Aug. 14, 1954 | REGISTRAR'S SIGNATURE John B. Loughran. Per B.E.L. | 24. FUNERAL DIRECTOR F.C. Higinbothom | ADDRESS Ellicott City, Md

RECEIVED
AUG 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (07580)

7587 CERTIFICATE OF DEATH Reg. Dist. No. 194

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) OLIVER (Middle) L (Last) BROWN
4. DATE OF DEATH: (Month) 8-3- (Day) (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	1-10-1865	89 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	Farming	M'ryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Brown	Alcinda Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	None	Miss Mary Brown, Dayton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Chronic myocardial failure	3 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	10 yrs
DUE TO (c)		

420.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1946, to 8/3, 1954, that I last saw the deceased alive on 8/3, 1954, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker	M.D.	Clarksville, Md.	8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-6-54	Linthicum Chapel	Clarksville, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-5-54	Marie A. Whitaker	F.C. Higinbotham, Ellicott City, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08526

7588 CERTIFICATE OF DEATH Reg. Dist. No. 4-13

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenwood
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Dorsey

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 11, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Clarksville, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W Linthicum

14. MOTHER'S MAIDEN NAME: Mary Louisa Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Sallie Ridgely, Glenwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with myocardial insufficiency and auricular fibrillation — 20 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1949, to 8-14, 1954, that I last saw the deceased alive on 8-14, 1954, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitelow, M.D. ADDRESS Clarksville, Maryland DATE SIGNED 8-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/17/54 NAME OF CEMETERY OR CREMATORY Oak Grove LOCATION (City, town, or county) Glenwood, Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug 16-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR T. Kyle Linthicum ADDRESS Ellicott City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 14 1
V. S.

7589 07581

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel Road
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1 Bipass

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George County
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) L. (Last) ELLIOTT
4. DATE OF DEATH (Month) August (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 10, 1898
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Lycurgus Elliott
14. MOTHER'S MAIDEN NAME: Annie Torksey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W. W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Lycurgus Elliott, Norfolk, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Acute peritonitis due to ruptured
DUE TO
Antecedent cause(s) (b) diverticulum of sigmoid
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED August 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): removal
DATE THEREOF 8/7/54
NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
LOCATION (City, town, or county) Portsmouth, (State) Virginia

DATE REC'D BY LOCAL REG. August 7 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

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VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07582

7590 CERTIFICATE OF DEATH

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Cut Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) New Cut Road

3. NAME OF DECEASED: (Type or Print) (First) ROSIE (Middle) (Last) HALL

4. DATE OF DEATH: (Month) (Day) (Year) 8-5-54 19

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr. 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alex Jones

14. MOTHER'S MAIDEN NAME: Mary Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-01-7183

17. INFORMANT & ADDRESS: Ridgley Hall, Ellicptt City, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension, essential, long duration — years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none significant

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1954, to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE Donald E. Fisher M.D. (Degree or title) MD ADDRESS Ellicott City Md. DATE SIGNED July 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-8-54 NAME OF CEMETERY OR CREMATORY Western Star LOCATION (City, town, or county) (State) Catonsville, Md

DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1954 REGISTRAR'S SIGNATURE John B. Lenghan. Pro. B.E.L.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md ADDRESS

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07583

CERTIFICATE OF DEATH

7591 Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 1 yr 3½ mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2822 Harford Road

3. NAME OF DECEASED: (First) Elizabeth (Middle) (Last) Lang
4. DATE OF DEATH: (Month) August (Day) 1 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Nov 5, 1875	78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Balto, Md.	US

13. FATHER'S NAME: John A Schmidt
14. MOTHER'S MAIDEN NAME: Catherine Lang

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		J Leal Schmidt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 422.1	(a) Bronchial pneumonia	18 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO arteriosclerotic cardio-vascular disease	5 yrs
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 19 53, to August 1, 19 54 that I last saw the deceased alive on Aug 1, 19 54 and that death occurred at 6:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irving J Taylor MD Taylor Manor Hospital Ellicott City, Md. August 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 4/54	Balto Cem	Balto

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-4-54	Dec. Hedrick	Ullrich Funeral Home	4210 Belair Rd

VS. A15

7592

07584

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 19/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.40 and Rogers Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Enfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) VICTOR (Middle) ANTHONY (Last) McNamara

4. DATE OF DEATH (Month) 8-26-54 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6-14-1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Promotional Work

10b. KIND OF BUSINESS OR INDUSTRY: Shows

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard Mc Nemara

14. MOTHER'S MAIDEN NAME: Sadie Quigley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 318-16-2120

17. INFORMANT & ADDRESS: Jos. Cousimino, 312 W. Fayette St. Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion DUE TO — Interval between onset and death: 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geaye E. Burton M.D. Ellicott City, Md. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-28-54 | NAME OF CEMETERY OR CREMATORY Holy Sepulchre | LOCATION (City, town, or county) (State) Paterson, N.J.

DATE REC'D BY LOCAL REG. 8/27/54 | REGISTRAR'S SIGNATURE John B. Loughran Pen. B.E. 2/

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (35580)

7593 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH:
COUNTY ~~Carroll~~ Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy Poplar Springs RFD 5
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. #5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural give location) R. F. D. #5

3. NAME OF DECEASED: (Type or Print) (First) THELMA (Middle) CAPELL (Last) PENLEY

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 11, 1911

9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Own Home

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Greenville, S. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. J. (Mack) Capell

14. MOTHER'S MAIDEN NAME: Leila Batson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Leila Batson Capell Greenville, South Carolina

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X

IMMEDIATE CAUSE (A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .. , 19. , to .. , 19. , that I last saw the deceased alive on .. , 19 , and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Paul F. Suerm M. D. ADDRESS 700 Fleet St.-Balto.2,Md. DATE SIGNED 11/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-29-54

NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Park

LOCATION (City, town, or county) (State) Greenville, S. C.

DATE REC'D BY LOCAL REGISTRAR 11-2-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Oeland Molesworth, Damascus, Md.

07585

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7594

Reg. Dist. No. 195

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ...
LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural give location) ...

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Minnie Armenies Perkins

4. DATE OF DEATH (Month) ... (Day) 1 (Year) 19 ...

5. SEX: Female

6. COLOR OR RACE: Wh...

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): ...

8. DATE OF BIRTH: ... 7, 1873

9. AGE last birthday ... yrs. 81
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ...

11. BIRTHPLACE (State or foreign country): Va. Tazewell, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charesl Stonebrunner

14. MOTHER'S MAIDEN NAME: Granhorn Melinda [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service) ...

16. SOCIAL SECURITY NO. 219 01 0691

17. INFORMANT & ADDRESS: Mrs. Marie Bond, Savage, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Congestive Failure (Cardiac) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardio-Vascular Disease — 2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ...

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ...

19A. DATE OF OPERATION: ...

19B. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ...

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ...

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ...

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ...

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from 1952, 19 ... to Aug. 24, 1954, that I last saw the deceased alive on Aug. 24, 1954 and that death occurred at 4 p. M, from the causes and on the date stated above.

SIGNATURE Frank Shipley, M. D. ADDRESS Savage, Md. DATE SIGNED Aug. 26, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF ...

NAME OF CEMETERY OR CREMATORY Savage Cem'ty

LOCATION (City, town, or county) (State) Savage, Md.

DATE REC'D BY LOCAL REGISTRAR 8/26/54

REGISTRAR'S SIGNATURE Frank Shipley.

24. FUNERAL DIRECTOR ... ADDRESS ...

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07586

CERTIFICATE OF DEATH

Reg. Dist. No. 191

7595

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City | LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 7521 Forrest Road Kentland

3. NAME OF DECEASED: (Type or Print) (First) Wayne (Middle) M (Last) Prudhon
4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	5-13-1896	58 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberman	Lumber	Iowa	U.S.

13. FATHER'S NAME: Francis Prudhon
14. MOTHER'S MAIDEN NAME: Anna Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
yes	unk.		Ruth B. Prudhon same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral thrombosis	5 days
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	(b) Cerebral arteriosclerosis DUE TO	1 year
	(c) DUE TO	

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 8 years

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11 ,1954 , to 8-10- , 1954 , that I last saw the deceased alive on 8-9- , 1954 , and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jerry J. Taylor MD

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 8/12/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Kentland Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/11/54 | REGISTRAR'S SIGNATURE Amanda Shuey Aug. 17, 1954 Per. B.E.L. | 24. FUNERAL DIRECTOR F. Dasche Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07587

7596 CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Taylor Manor Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 03X-2
STREET ADDRESS (If rural give location) 2801 Aldan Road

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) Smick

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 20, 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Slaysman

14. MOTHER'S MAIDEN NAME: Mary Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry Smick, Jr, 2801 Alden Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis — 2½ yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 54 to Aug 11, 19 54 that I last saw the deceased alive on Aug 11, 19 54 and that death occurred at 11:30P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jerry J. Taylor MD Taylor Manor Hospital, Ellicott City, Md. 8/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/16/54 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR 8-12-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS L. J. Ruck 5305 Harford Rd, Balto, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07588

7597

CERTIFICATE OF DEATH

Item 9 Film G168A 8/11/54 cm

Reg. Dist. No. 71

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Church Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Taylor

4. DATE OF DEATH: (Month) 8. (Day) 1. (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 8.31.17

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter A. Raines

14. MOTHER'S MAIDEN NAME: Ida C. Harding

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Family Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: acute

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Malignant hypertension — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to Aug 1, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at 5 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Jos P Kirkwood MD ADDRESS 10374 Cedar Rd. DATE SIGNED 8/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8.4.54 NAME OF CEMETERY OR CREMATORY Holy Cross LOCATION (City, town, or county) (State) Balto.

DATE RECD BY LOCAL REGISTRAR 8-4-54 REGISTRAR'S SIGNATURE Rue Hedrick

24. FUNERAL DIRECTOR Jos. L. Kenney ADDRESS 130 E. Fourth.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15